

# FOOD FACILITY INSPECTION REPORT

## GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

257 North Villa Avenue, Willows, CA 95988  
 Phone (530) 934-6102 FAX (530) 934-6103

Name of Facility/ DBA: <b>HERBALIFE</b>		Inspection Date: <b>9/17/13</b>	
Address: <b>130 N. BUTTE ST., WILLOWS</b>		Reinspection Date (on or after): <b>11/17/13</b> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <b>Raqueel Briones</b>	Phone No.:	Inspection Time: <b>10:00</b>	Permit Exp. Date:
Certified Food Handler: <b>MANAGER</b> <b>- NON - CURRENT</b>		Certificate Expiration Date: <small>(Certificate expires five years after it is issued)</small>	
Service: <input type="checkbox"/> Routine Inspection <input type="checkbox"/> Reinspection <input type="checkbox"/> Complaint <input type="checkbox"/> Construction/Pre-opening <input type="checkbox"/> Other:			
Applicable Law <b>CALIFORNIA RETAIL FOOD CODE ("CalCode)</b> , Beginning with section 113700, California Health and Safety Code (See reverse side of sheet for summary)			

In = In compliance		N/A = Not Applicable		N/O = Not Observed		Maj = Major violation		Out = Items not in compliance		COS = Corrected On Site	
Critical Risk Factors for Disease						Maj	Out	COS			
In							X		24. Person in charge present and performs duties	Out	COS
In									25. Personal cleanliness and hair restraints		
In		N/O							26. Approved thawing methods used		
In		N/O							27. Food separated and protected		
In		N/O							28. Washing fruits and vegetables		
In									29. Toxic substances properly identified, stored and used		
In	N/A	N/O							30. Food storage, 31. Self service, 32. Labeled		
In	N/A								33. Nonfood contact surfaces clean		
In	N/A	N/O							34. Warewashing facilities maintained, test strips		
In	N/A	N/O							35. Equipment, utensils, approved, clean good repair	X	
In	N/A	N/O							36. Equipment, utensils and linens, storage and use		
In	N/A	N/O							37. Vending Machines		
In									38. Adequate ventilation and lighting		
In	N/A	N/O							39. Thermometers provided and accurate		
In									40. Wiping cloths properly used and stored		
In	N/A	N/O							41. Plumbing, proper backflow prevention		
In	N/A	N/O							42. Garbage properly disposed; facilities maintained		
In	N/A	N/O							43. Toilet facilities supplied, properly constructed, clean		
In	N/A								44. Premises clean, vermin proof; personal items separate		
In									45. Floors, walls and ceilings maintained and clean		
In									46. No unapproved living or sleeping quarters		
In									47. Signs posted; Permit & inspection report available		
In									48. Plan Review Required		

No PHF <input checked="" type="checkbox"/>					
°F	Food	Location	°F	Food	Location

Comments:  
**- NO CRITICAL VIOLATIONS**

OTHER VIOLATIONS:

**(1) ALL FOOD FACILITIES (FOOD PREP) SHALL HAVE AT LEAST ONE CERTIFIED FOOD SAFETY MANAGER & ALL OTHER EMPLOYEES THAT HANDLE FOOD SHALL BE A CERTIFIED FOOD HANDLER.**

**(35) ALL FOOD FACILITIES MUST USE ONLY COMMERCIAL GRADE U.S.F. APPROVED APPLIANCES. REPLACE S.S. OSTER DOMESTIC BLENDER W/ COMMERCIAL GRADE APPROVED APPLIANCES. MODELS. CHECK WITH HEALTH DEPT. IF UN-SAFE.**

Received By: **Maria E. Garcia** REHS: **Andrew A. Petyo**